

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

| | | |
|--|---|----------------------|
| DONNA FOUTS, Individually and as | : | |
| Personal Representative of the Estate of | : | |
| CLAUDE DAVID HARLEY, Deceased, | : | C.A. No.: 08-425 GMS |
| and DANNY HARLEY | : | |
| | : | |
| Plaintiff, | : | |
| | : | |
| v. | : | |
| | : | |
| AIRSTREAM INC.; et al., | : | |
| | : | |
| Defendants. | : | |

**AFFIDAVIT OF RECEIPT OF
FIRST NOTICE PURSUANT TO 10 DEL C. §3104**

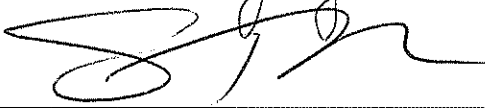
STATE OF DELAWARE :
: SS.
NEW CASTLE COUNTY :

I, A. Dale Bowers, being duly sworn and deposed state that the following is true and correct to the best of my knowledge, information and belief:

1. I am the attorney for plaintiffs in the above-captioned matter.
 2. On July 2, 2008, an envelope containing a First Notice prescribed by 10 Del.C. §3104 was mailed by registered mail to defendant AIRSTREAM, INC.
 3. On July 15, 2008, the return receipt of the First Notice was returned to the sender showing proof of delivery.
 4. Attached hereto as Exhibit "A" is the receipt which was given by the United States Post Office at the time of mailing to the person mailing the registered envelope containing the First Notice and the original return receipt which shows acceptance of the First Notice, referred to in Paragraph 2 of this Affidavit.
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A. DALE BOWERS

SWORN TO AND SUBSCRIBED before me this 18 day of July, 2008.


NOTARY PUBLIC

STEPHEN T. MORROW, ESQ.
Attorney at Law
State of Delaware
Notarial Officer Pursuant to
29 Del.C. § 4323(a)(3)

My Commission Expires: _____

Exhibit “A”

| Check type of mail or service: | | Affix Stamp Here (If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt | | | | | | | | | | | | |
|---|-------------------|---|---|---|-------|-----------------|----------------------------|---------------|-------------------|--------|--------|--------|--------|--------|
| | | <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Delivery Confirmation <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured | <input type="checkbox"/> Recorded Delivery (International) <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation | Postage | Fee | Handling Charge | Actual Value if Registered | Insured Value | Due Sender if COD | DC Fee | SC Fee | SH Fee | RD Fee | RR Fee |
| 1. | RA 311 859 164 US | AIRSTREAM, INC.. 419 West Pike Street P.O. Box 629 Jackson Center, Ohio 45334-0629 | | 2.02 | 10.00 | 0 | 0 | | | | | | | 2.20 |
| 3. | RA 311 859 130 US | GENUINE PARTS COMPANY Attn: Scott Smith, Agent 2999 Circle 75 Parkway Atlanta, GA 30339 | | 2.02 | 10.00 | 0 | 0 | | | | | | | 2.20 |
| 5. | RA 311 959 133 US | LESLIE CONTORLS, INC. 12501 Telecom Drive, Tampa, Florida 33637 | | 2.02 | 10.00 | 0 | 0 | | | | | | | 2.20 |
| 7. | RA 311 859 155 US | NATIONAL AUTOMOTIVE PARTS ASSOCIATION c/o The Corporation Company 30600 Telegraph Road Bingham Farms, MI 48025 | | 2.02 | 10.00 | 0 | 0 | | | | | | | 2.20 |
| Total Number of Pieces Listed by Sender | | Total Number of Pieces Received at Post Office | | Postmaster, Per (Name of receiving employee) | | | | | | | | | | |
| 4 | | 4 | | Complete by Typewriter, Ink, or Ball Point Pen (Fouts) | | | | | | | | | | |

UNITED STATES POSTAL SERVICE


 First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Rhoades

P.O. 874

JUL 15 2008

Wilm., DE 19899-874

c/o Dale Fouts

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 AIRSTREAM, INC..
 419 West Pike Street
 P.O. Box 629
 Jackson Center, Ohio 45334-0629

 2. Article Number
 (Transfer from service label)

RA 311 859 164 US

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lori Lowder*
☒ Agent
☐ Addressee

By Received by (Printed Name)

Lori Lowder

C. Date of Delivery

7-9-08

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes